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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Foley, Mark John					
I. Office, Agency, or Court					
Agency Name (Do not use acronym	s)				
San Francisco Bay Area Rap	oid Transit Distric	t			
Division, Board, Department, District, if applicable			Your Position		
Board of Directors - BART Board			Board Member		
▶ If filing for multiple positions, list b	elow or on an attachment	. (Do not use	e acronyms)		
Agency:			Position:		
2. Jurisdiction of Office (Che	ck at least one box)		ludes Datie	ad ludge Des Tare lu	dan an Carret Camerainainne
State			Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
X Multi-County San Francisco, Alameda, Contra Costa			County of		
City of			Other		
3. Type of Statement (Check a	t least one box)				
X Annual: The period covered is January 1, 2022 through December 31, 2022.			Leaving Office: Date Left/(Check one circle)		
The period covered is/, through December 31, 2022.			 The period covered is January 1, 2022 through the date of leaving office. 		
Assuming Office: Date assumed/			The period covered is/, through the date of leaving office.		
Candidate:Date of Election	and office	ce sought, if o	lifferent than Part 1:		
4. Schedule Summary (require	ed) ▶ Total	number (of pages including	this cover page	· _ 1
Schedules attached	,		or pages melaamg	, and dotter page	·
Schedule A-1 - Investments - schedule attached			Schedule C - Income, Loans, & Business Positions – schedule attached		
Schedule A-2 - Investments – schedule attached			☐ Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property	/ - schedule attached		Schedule E - Inco	ome – Gifts – Travel F	Payments – schedule attached
-or-					
X None - No reportable inte	erests on any schedul	е			
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	CITY		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		Oakla		CA	94604
/)			E-MAIL ADDRESS		
I have used all reasonable diligence herein and in any attached schedule					owledge the information contained
I certify under penalty of perjury i	•	_			
Date Signed 01/17/2023 (month, da	, year)		Signature <u>Mark Job</u> (Fi	nn Foley le the originally signed paper st	atement with your filing official.)
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